

FILED JUN 16 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 18222

Registration District No. 448 Primary Registration District No. 5608 4269 Registrar's No.

1. PLACE OF DEATH:  
(a) County Laclede  
(b) City or town Conway mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.  
In this community years, months or days

3. (a) PRINT FULL NAME Daniel Price Orton  
3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, married  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased June 13 1862  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
78 10 27 hr. min.

9. Birthplace Webster Co Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER { 12. Name John C Orton  
13. Birthplace Tenn.  
(City, town, or county) (State or foreign country)  
14. Maiden name Sarah Lattimer  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Orton  
(b) Address Conway mo.

17. (a) burial (b) Date thereof May 12 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director W. E. Helman  
(b) Address Lebanon, mo.

19. (a) 6-1-41 (b) Grace Price  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State mo (b) County Laclede  
(c) City or town Conway mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10  
year 1941 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from 5-10 1941 to 5-10 1941  
that I last saw him alive on 5-10 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to

Due to 94

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury.

23. Signature J. W. Lindsey (M. D. or other) M.D.  
Address Conway Date signed 5-11-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

3  
0  
6

RECEIVED

District Health Officer No. 7,

District File Number 6-41-1048

Date Filed 6-13-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

*Dorsey M. Howe*

Registered Apprentice No. 256

working under my personal supervision.

Signed *W. E. Holman*

Licensed Embalmer No. 4107

P. O. Address *Lebanon, N*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.